**Notice of Exempt** Offering of Securities

SEC1972 (09/08)

# **U.S. Securities and Exchange Commission**

Washington, DC 20549

(See instructions beginning on page 5)

Washington Oc Manually Signed

#### OMB APPROVAL

OMB Number: 3235-0076

Expires: February 28, 2009

Estimated average burden hours per response: 4.00

Form D 1

	romissions of fact constitute fed	deral criminal violations. See 18 U.S.C. 1001.
Item 1. Issuer's Identity		
Name of Issuer Trust	Previous Name(s)	None Entity Type (Select one)
Loomis Sayles High Grade Corporate /		Corporation  Limited Partnership
Jurisdiction of Incorporation/Organization		Limited Liability Company
New Hampshire		General Partnership
Year of Incorporation/Organization (Select one)		Business Trust  Other (Specify)
Over Five Years Ago Within Last Five Years (specify year)	2000	
(if more than one issuer is filing this notice, check	this box 🔲 and identify additio	mal issuer(s) by attaching items 1 and 2 Continuation Page(s).
Item 2. Principal Place of Business and	Contact Information	0
Street Address 1	Street	Address 2 WAR 0 4 20
One Financial Center		/ FT. 2 F FO 2 1 - D
City Sta	ite/Province/Country ZIP/Po	ostal Code Phone No. LHUIVSUN RE
Boston	0211	
Item 3. Related Persons  Last Name	First Name	Middle Name
	Tirst Name	Wilder Value
Loomis Sayles Trust Company, LLC	J [	Address 2
Street Address 1	2nset	AUGRESS 2
One Financial Center		
		ostal Code
Boston	02111	09001102
Relationship(s): Executive Officer D	lrector 💢 Promoter	
Clarification of Response (if Necessary) Benefic	ial Owner	
<del></del> -	·····	drive this how T and establing from 2 Continuestian Occasion is
ltem 4. Industry Group (Select one		cking this box 🔲 and attaching item 3 Continuation Page(s). )
O Agriculture	Business Service	es Construction
Banking and Financial Services	Energy	REITS & Finance
Commercial Banking	Electric Utilitie Energy Conse	( ) Hesidelitia
Insurance Investing	Coal Mining	Other Real Estate
C Investment Panking	Environmenta	Il Services Retailing
Pooled Investment Fund	Oil & Gas	Restaurants
If selecting this industry group, also select on	¥	Technology
type below and answer the question below:	Health Care	Computers Telecommunications
O Hedge Fund	Biotechnology	Other Technology
Private Equity Fund	Health Insuran	Tuescal .
Venture Capital Fund  Other Investment Fund	Hospitals & Ph	Airlines & Airports
<ul> <li>Other Investment Fund</li> <li>is the issuer registered as an investment</li> </ul>	Pharmaceutica	Lodging & Conventions
company under the Investment Compa	ny Other Health's	Tourism & Travel Services
Act of 1940? Yes No	Manufacturing Real Estate	Other Travel
Other Banking & Financial Services	Commercial	Other

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item 5. Issuer Size	(Select one)				
	r issuer not specifying "hedge" nt" fund in Item 4 above)		Aggrega specifyin Item 4 at		ange (for issuer · investment" fund in
○ No Reven	ues	OR	0	No Aggregate Net A	sset Value
\$1-\$1,000	0,000		Õ	\$1 - \$5,000,000	
O,000,00°	1 - \$5,000,000		Õ	\$5,000,001 - \$25,000	),000
\$5,000,001	1 - \$25,000,000		ŏ	\$25,000,001 - \$50,00	
\$25,000,00	01 - \$100,000,000		ŏ	\$50,000,001 - \$100,0	
Over \$100			ŏ	Over \$100,000,000	·
O Decline to	• •		ŏ	Decline to Disclose	
O Not Applic			õ	Not Applicable	•
•		imad (Cal	طه المحمد		
item 6. Federal Exem	nptions and Exclusions Clai	<del></del>		at apply)	
Rule 504(b)(1) (not		vestment Comp	•	ction 3(c)	Cartan 3/4\(0)
Rule 504(b)(1)(i)	(1)) (11) (11))	Section 3(c)		Ä	Section 3(c)(9)
		Section 3(c)	)(2)	빌	Section 3(c)(10)
Rule 504(b)(1)(ii)		Section 3(c)	)(3)		Section 3(c)(11)
Rule 504(b)(1)(iii)		Section 3(c			Section 3(c)(12)
Rule 505		Section 3(c	)(5)		Section 3(c)(13)
Rule 506 Securities Act Section	ion 4/6)	Section 3(c	)(6)		Section 3(c)(14)
Securities Act Section		Section 3(c	)(7)	_	
Item 7. Type of Filing		<del></del>			
New Notice	OR	τ			
Date of First Sale in this O	ffering: 01/30/09	OR 🗆	First Sale	Yet to Occur	
item 8. Duration of O	ffering				
Does the issuer intend	this offering to last more than	one year?	⊠ Y	es 🔲 No	
item 9. Type(s) of Sec	urities Offered (Select a	ill that apply	y)		
Equity		☐ Pooled	Investmer	nt Fund Interests	
<u> </u>		☐ Tenant-	-in-Comm	on Securities	
Debt		_	Property:		
Option, Warrant or Oth	er Right to Acquire	◯ Other (C		Securics	
Another Security	144a -				
Security to be Acquired Warrant or Other Right	d Upon Exercise of Option, to Acquire Security	Units of Par	ticlpation	•	
•	•				
tem 10. Business Con	nbination Transaction				
	ade in connection with a busine rger, acquisition or exchange offer		n 🔲 Y	es 🔀 No	
Clarification of Response (	(if Necessary)		•		

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item 11. Minimum investment	
Minimum investment accepted from any outside investor \$	2,000,000.00
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
	☐ No CRD Number
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
. City State/Province	e/Country ZIP/Postal Code
States of Solicitation	
States of Solicitation Australes	REPORT LOS SE TABLES TO THE SECOND SEASON OF THE SEASON OF
IL IN IA KS KY LA	ME MD MA MI MN MS MO
	THE TOTAL OF THE PARTY OF THE P
RI SC SD TN TX UT	VT VA WA WV WI WI PR  tion by checking this box and attaching Item 12 Continuation Page(s).
Item 13. Offering and Sales Amounts	ton by checking this box and attaching term 12 continuation 1950,000
(a) Total Offering Amount	OR 🗵 Indefinite
(b) Total Amount Sold \$ 44,348,352.84	
(c) Total Remaining to be Sold (Subtract (a) from (b))	OR 🗵 Indefinite
Clarification of Response (if Necessary)	
·	
Item 14. Investors	
Check this box if securities in the offering have been or may be number of such non-accredited investors who already have investors	sold to persons who do not qualify as accredited investors, and enter the
,	
Enter the total number of investors who already have invested in t	the offering: 7
·	_
Item 15. Sales Commissions and Finders' Fees Ex	penses
<ul> <li>Provide separately the amounts of sales commissions and finders's check the box next to the amount.</li> </ul>	fees expenses, if any. If an amount is not known, provide an estimate and
	Sales Commissions \$ none
Clarification of Response (If Necessary)	Finders' Fees \$ none

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tem 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as a directors or promoters in response to Item 3 above, if the amount is unlestimate and check the box next to the amount.	executive officers, \$ None
Clarification of Response (if Necessary)	,
Signature and Submission	
	Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each is	
undertaking to furnish them, upon written request, in accordative vocably appointing each of the Secretary of the Securities Act of 1933, the Securities Exch Company Act of 1940, or the Investment Advisers Act of 1940, State in which the Issuer maintains its principal place of busin	ortice is filed of the offering of securities described and ance with applicable law, the information furnished to offerees. SEC and the Securities Administrator or other legally designated officer of susiness and any State in which this notice is filed, as its agents for service of on its behalf, of any notice, process or pleading, and further agreeing that my Federal or state action, administrative proceeding, or arbitration brought be United States, if the action, proceeding or arbitration (a) arises out of any se subject of this notice, and (b) is founded, directly or indirectly, upon the lange Act of 1934, the Trust Indenture Act of 1939, the Investment of the or regulation under any of these statutes; or (ii) the laws of the last or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requirecovered securities" for purposes of NSMIA, whether in all instances of	itional Securities Markets improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, uire information. As a result, if the securities that are the subject of this Form D are or due to the nature of the offering that is the subject of this Form D, States cannot vise and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	s to be true, and has duly caused this notice to be signed on its behalf by the d attach Signature Continuation Pages for signatures of issuers identified
tssuer(s)	Name of Signer
Loornis Sayles High Grade Corporate Trust	Lauren B. Pitalis
Signature	Title
	Vice President, Loomis Sayles Trust Company, LLC, Trustee
- June De Jacob	Date
Number of continuation pages attached:	2/9/09
	this form are not required to respond unless the form displays a currently valid OM.
umber.	Form D

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#### **Item 3 Continuation Page**

Last Name	First Name		Middle Name
Loomis, Sayles & Company, L.P.			
Street Address 1		Street Address 2	
One Financial Center			
Lity	State/Province/Country	ZIP/Postal Code	
Boston	MA	02111	
Relationship(s): Executive Office	r Director Promoter		
	Beneficial Owner		
Last Name	First Name		Middle Name
itreet Address 1		Street Address 2	
	C		
lity	State/Province/Country	ZIP/Postal Code	
	]		
telationship(s): Executive Office	r Director Promoter		
Clarification of Response (if Necessary)			
	First Name		Middle Name
ast Name	First Name		Middle Name
	First Name	Street Address 2	Middle Name
ast Name	First Name	Street Address 2	Middle Name
treet Address 7			Middle Name
	First Name  State/Province/Country	Street Address 2  ZIP/Postal Code	Middle Name
treet Address 1	State/Province/Country	ZIP/Postal Code	Middle Name
ity elationship(s): Executive Office	State/Province/Country	ZIP/Postal Code	Middle Name
treet Address 1	State/Province/Country	ZIP/Postal Code	Middle Name
ity elationship(s): Executive Office	State/Province/Country	ZIP/Postal Code	Middle Name
ity elationship(s): Executive Office	State/Province/Country	ZIP/Postal Code	Middle Name  Middle Name
ity  elationship(s): Executive Office larification of Response (if Necessary)	State/Province/Country  r Director Promoter	ZIP/Postal Code	
ity  elationship(s): Executive Office larification of Response (if Necessary)	State/Province/Country  r Director Promoter	ZIP/Postal Code	
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ity  elationship(s): Executive Office larification of Response (if Necessary)  ast Name	State/Province/Country  r Director Promoter  First Name	ZIP/Postal Code  Street Address 2	
ity  elationship(s): Executive Office larification of Response (if Necessary)  ast Name	State/Province/Country  r Director Promoter  First Name  State/Province/Country	ZIP/Postal Code  Street Address 2  ZIP/Postal Code	
ity  elationship(s): Executive Office larification of Response (if Necessary)  ast Name  treet Address 1	State/Province/Country  r Director Promoter  First Name  State/Province/Country	ZIP/Postal Code  Street Address 2  ZIP/Postal Code	

